

Industry's Record of Positive Load and Producer Responsible

Submit to:

Nebraska Department of Agriculture
Bureau of Dairies and Foods
P.O. Box 95064
Lincoln, Nebraska 68509
(402) 471-2536
(402) 471-2759 (fax)

Milk company:	Date of report:
Identity of positive load:	Pounds of milk:

Producers on Load (place an asterisk (*) behind producers who have positive results)

Test Method

PRESUMPTIVE POSITIVE

Test: _____ Result: _____ Analyst: _____ Date: _____ Time: _____

Who was notified? _____ Date: _____ Time: _____ How? _____ By whom? _____

SCREENING TEST POSITIVE LOAD CONFIRMATION

Test: _____ Result: _____ Analyst: _____ Date: _____ Time: _____

Who was notified? _____ Date: _____ Time: _____ How? _____ By whom? _____

Destination and/or disposition of milk:

Direction of the Bureau:

Name of Producer:

Route #:

Offense #:

Penalty assessed (attach documentation):

Date of negative result:

Test method:

Analyst:

Date of resumed shipment:

***** A copy of this record must be kept for a minimum of 6 months at the location where the tests were ran *****